







The Swallowtail Federation of Church Schools



With friendship, trust and kindness we fly!

(Love your neighbour as yourself,' Mark 12:31)

We welcome all people and encourage everyone to meet their full potential – to love each other, love to learn and learn to live in all its fullness. We love our neighbours - in our school, our federation, the local community, nationally and globally, as Jesus told us to do

Policy on the Administration of Medicines

This policy will be reviewed in full by the Governing Body every 2 years. This policy was last reviewed and agreed by the Governing Body Sept 2023. It is due for review September 2025.

Signature **N.J.Butcher Exec Headteacher** Date: Sept 2023

Chair of Governors Signature S.Watts Date: Sept 2023 It is the policy of Swallowtail Federation of Church Schools to support pupils and parents in the administration of medicines during school hours. However, it is acknowledged that schools do not have an obligation to assist in the administration of medicines and each request will be dealt with on an individual basis. No member of staff will be under any obligation to administer medicines and can refuse to do so without giving any reasons.

Where there is a request for medicines to be administered at school the following procedures will apply.

The Head or teacher in charge must be made aware of the request and will make the decision on acceptance or refusal.

The current Dfe Template C form must be completed and signed by the parent (see appendix 1). Staff administrating the medicine will sign the same form as a record of administering the medicine.

The parent/guardian must check each day with the Head of School that the school is still willing to administer the medicine and then pass it directly to her/him.

The parent/guardian will supply the medicine in an appropriate container, which is clearly named and labelled with instructions for administration and storage.

The parent/guardian will ensure that staff are fully informed of the type of medicine and of any known side effects that may occur.

It is the parent/guardian's responsibility to remove any containers or unused medicine.

For pupils diagnosed with asthma, parents are asked to complete a school asthma form (see appendix 2). This is reviewed annually. Inhalers are kept in our class inhaler boxes and it is the responsibility of the parent to ensure it is labelled and within date. If a child requires their inhaler during the school day we keep a record of this and inform parents by letter/sticker.

Though every effort will be made to ensure that school comply with parental request, it must be recognised that within a busy school setting, staff may omit to administer the medicine at the correct time, or at all. In this circumstance staff must not be held responsible.

This policy is used alongside the Norfolk County Council Guidance for supporting pupils with medical needs.

APPENDIX 1:

Template C: record of medicine administered to an individual child

Name of school/setting							
Name of child							
Date medicine provided by parent /							
Group/class/form							
Quantity received							
Name and strength of medicine							
Expiry date /	/						
Quantity returned							
Dose and frequency of medicine							
Staff signature							
Stair Signature							
Cignature of parent							
Signature of parent							
, [, , , ,						
Date /	/ /						
Time given							
Dose given							
Name of member of staff							
Staff initials							
Date / /	/ /						
Time given							
Dose given							
Name of member of staff							
Staff initials							
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Date	/	/	/	/	/	/	
Time given							
Dose given							
Name of memb	er of s	taff					
Staff initials							
Date	/	/	/	/	/	/	
Time given							
Dose given							
Name of memb	er of s	taff					
Staff initials							
Date	/	/		/			
Time given			<u> </u>		<u> </u>		
Dose given							
Name of memb	er of s	taff					
Staff initials							
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Date	/	/	/	/	/	/	
Time given							
Dose given							
Name of memb	er of s	taff					
Staff initials							

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School Asthma Card

To be filled in	by the pa	arent/carer				
Child's name						
Date of birth	D D	ММ	Υ	Υ		
Address						
Parent/carer name	's					
lelephone - home						
Telephone – mobile						
Email						
Doctor/nursa	o's					
Doctor/nurse telephone	e's					
This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.						
Reliever treatment when needed For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity. Medicine Parent/carer's signature						
If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this. Parent/carer's signature Date						
			- Fi	0 0	ММ	v v
			Ľ			
Explry dates	of medici	nes				
Medicine	Explry	Date che	cked	Pare	nt/carer's	signature
Parent/carer's signature Date						
				D	MM	YY

	,						
What signs can indicate th	at you	r child is having an asthma attack?					
Does your child tell you wi	hen he	/she needs medicine?					
Yes No							
Does your child need help taking his/her asthma medicines?							
Yes No							
What are your child's triggers (things that make their							
asthma worse)?							
Pollen		Stress					
Exercise		Weather					
Cold/flu Air pollution							
If other please list							
Does your child need to take any other asthma medicines while in the school's care? Yes No If yes please describe below							
Medicine		How much and when taken					
Datas sand shoots d							
Dates card checked	Job t	dala Claustusa (Chausa					
Date Name	JODE	itle Signature / Stamp					
To be completed by the GP practice							

What to do if a child is having an asthma attack

- 1 lelp them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.

Health & care information you can trust

4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?
Call our friendly helpline nurses
0300 222 5800

(9am - 5pm; Mon - 1 ri)

www.asthma.org.uk